PATENT COOPERATION TREAT

From the INTERNATIONAL BUREAU

PCT

NOTIFICATION OF ELECTION

(PCT Rule 61.2)

Commissioner
US Department of Commerce
United States Patent and Trademark
Office, PCT
2011 South Clark Place Room
CP2/5C24
Arlington, VA 22202
ETATS-UNIS D'AMERIQUE

Date of mailing (day/month/year) 31 May 2001 (31.05.01)	ETATS-UNIS D'AMERIQUE In its capacity as elected Office
International application No. PCT/AU00/01193	Applicant's or agent's file reference 626091
International filing date (day/month/year) 29 September 2000 (29.09.00)	Priority date (day month year) 29 September 1999 (29.09.99)
Applicant EDGAR, John, Alexander	

1.	The designated Office is hereby notified of its election made:	
	X in the demand filed with the International Preliminary Examining Authority on:	
	26 April 2001 (26.04.01)	
	in a notice effecting later election filed with the International Bureau on:	
2.	The election X was	
	was not	
	made before the expiration of 19 months from the priority date or, where Rule 32 applies, within the time limit under Rule 32 2(b).	
i		

The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland Authorized officer

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INTERNATIONAL SEARCH REPORT

International application No.

			PCT/AU00/01193			
A.	CLASSIFICATION OF SUBJECT MATTER					
Int Cl	A61K 38/12, A61P 35/00					
According to	International Patent Classification (IPC) or to both	national classification and IP	С			
В.	FIELDS SEARCHED					
Minimum docu A61K 38/12	mentation searched (classification system followed by c	lassification symbols)				
Documentation AU: IPC as a	searched other than minimum documentation to the extabove.	ent that such documents are inclu	ided in the fields searched			
Electronic data WPAT, CAI	base consulted during the international search (name of PLUS, MEDLINE, keywords, phomopsin, cancer	data base and, where practicable er, tumor.	s, search terms used)			
С.	DOCUMENTS CONSIDERED TO BE RELEVANT	•				
Category*	Citation of document, with indication, where app	propriate, of the relevant passa	ges Relevant to claim No.			
X	VAN ASWEGEN, C. H. et al "INFLUENCE OF PHOMOPSIN AND IVALIN ON STEROID-HORMONE BINDING AND GROWTH OF MCF-7 HUMAN BREAST CANCER CELLS." Journal of Toxicology and Environmental Health, VOL 16(1), 1985 pages 13-23. See whole document.					
X	LI, YIN et al "INTERACTION OF PHOMOPSIN A WITH PORCINE BRAIN TUBULIN" Biochemical Pharmacology, Vol 43, No 2, pages 219-224, 1992. See whole document.					
X	Further documents are listed in the continuation	on of Box C See pate	nt family annex			
"A" document of the interest o	al categories of cited documents. ment defining the general state of the art which is onsidered to be of particular relevance. r application or patent but published on or after ternational filing date ment which may throw doubts on priority claim(s) lich is cited to establish the publication date of er citation or other special reason (as specified) ment referring to an oral disclosure, use, ition or other means ment published prior to the international filing out later than the priority date claimed	priority date and not in conflict anderstand the principle or it document of particular relevation be considered novel or cannot inventive step when the document of particular relevation be considered to involve an it combined with one or more combination being obvious to	ance; the claimed invention cannot inventive step when the document is other such documents, such o a person skilled in the art			
	tual completion of the international search	Date of mailing of the interpolio	mench report			
19 October	2000 ling address of the ISA/AU	Authorized officer				
AUSTRALIAN PO BOX 200, E-mail address	N PATENT OFFICE WODEN ACT 2606, AUSTRALIA s pct@ipaustralia gov au (02) 6285 3929	G.R.PETERS Telephone No (02) 6283 213	84			

INTERNATIONAL SEARCH REPORT

International application No.

1	PC	Γ/A	T	inc	Mai	1 1	03
		1 / / 1	u	\mathcal{M}	"	, ,	Α.

Catagon:*	tion). DOCUMENTS CONSIDERED TO BE RELEVANT	
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
	TAKAHASHI, M et al "SYNTHETIC STUDY OF USTILOXIN ANALOGS BENZYLIC OXIDATION OF 13-MEMBERED CYCLIC PEPTIDE BY LEAD TETRAACETATE." HETEROCYCLES, Vol. 47, No. 1, 1998 pages 163-166.	17-19
X	See Whole document	
X	AU 64916/90 (643464)B (CSIRO) 23 October 1990 See Whole document	17-19
		:

10 AUG 2001

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference IRN626091	FOR FURTHER ACTION	See Notification of T Examination Report	ransmittal of International Preliminary (Form PCT IPEA 416).				
International Application No. PCT/AU00/01193	International Filing Da 29 September 2000	pg Date (day/month/year) Priority Date (day/month/year) 29 September 1999					
International Patent Classification (IPC)	or national classification	n and IPC					
Int. Cl. ⁷ A61K 38/12, A61P 35/00	Int. Cl. ⁷ A61K 38/12, A61P 35/00						
Applicant COMMONWEALTH SCIEN	TIFIC AND INDUST	RIAL RESEARCH C	DRGANISATION et al				
and is transmitted to the applic	cant according to Article	e 36.	nternational Preliminary Examining Authority				
2. This REPORT consists of a to							
This report is also accompanied by ANNEXES, i.e., sheets of the description, claims and or drawings which have been amended and are the basis for this report and/or sheets containing rectifications made before this Authority (see Rule 70.16 and Section 607 of the Administrative Instructions under the PCT).							
These annexes consist of a tot	al of sheet(s).						
3. This report contains indications relati	ing to the following item	s:					
I X Basis of the repo	rt						
II Priority							
III Non-establishme	nt of opinion with regard	d to novelty, inventive s	tep and industrial applicability				
IV Lack of unity of	invention						
	ent under Article 35(2) v lanations supporting suc		nventive step or industrial applicability;				
VI Certain documen	its cited						
Vil Certain detects ::	i the international applic	atlen					
VIII Certain Sheerigh	VIII Certain observations on the international application						
Date of submission of the demand	!,	Date of completion of the	ne report				
26 April 2001	1	1 August 2001					
Name and mailing address of the IPEA/AU		Authorized Officer					
AUSTRALIAN PATENT OFFICE PO BOX 200, WODEN ACT 2606, AUST E-mail address pet a ipaustralia.gov.au Facsimile No (02) 6285 3929		G.R.PETERS					
	'	Telephone No. (02) 62	83 2184				

INTERNATIONAL PRELIMINATION REPORT

In mational application No.	
AU00/01193	

I.	Basis of the report
1.	With regard to the elements of the international application:*
	X the international application as originally filed.
	the description, pages, as originally filed,
	pages . filed with the demand.
	pages, received on with the letter of
	the claims, pages, as originally filed,
	pages , as amended (together with any statement) under Article 19,
	pages , filed with the demand.
	pages, received on with the letter of
	the drawings, pages, as originally filed,
	pages, filed with the demand.
	pages, received on with the letter of
	the sequence listing part of the description:
	pages, as originally filed
	pages, filed with the demand pages, received on with the letter of
	. •
2.	With regard to the language , all the elements marked above were available or furnished to this Authority in the language in which the international application was filed, unless otherwise indicated under this item.
	These elements were available or furnished to this Authority in the following language which is:
· İ	the language of a translation furnished for the purposes of international search (under Rule 23.1(b)).
	the language of publication of the international application (under Rule 48.3(b)).
	the language of the translation furnished for the purposes of international preliminary examination (under Rules 55.2 and or 55.3).
F 3.	With regard to any nucleotide and/or amino acid sequence disclosed in the international application, the international
	preliminary examination was carried out on the basis of the sequence listing:
: 	contained in the international application in written form.
	filed together with the international application in computer readable form.
	furnished subsequently to this Authority in written form.
İ	furnished subsequently to this Authority in computer readable form.
	The statement that the subsequently furnished written sequence listing does not go beyond the disclosure in the international application as filed has been furnished.
:	The statement that the information recorded in computer readable form is identical to the written sequence listing has been furnished
4.	I he amendments have resulted in the cancellation of.
	the description. pages
<u> </u>	the claims. Nos.
	the drawings, sheets fig.
5.	This report has been established as if (some of) the amendments had not been made, since they have been considered to go beyond the disclosure as filed, as indicated in the Supplemental Box (Rule 70.2(c)).**
*	Replacement sheets which have been furnished to the receiving Office in response to an invitation under Article 14 are referred to in this report as "originally filed" and are not annexed to this report since they do not contain amendments (Rules 70.16 and 70.17).
**	Any replacement sheet containing such amendments must be referred to under item 1 and annexed to this report

YES

NO

YES

V. Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citatic and explanations supporting such statement					
1.	Statement				
	Novelty (N)	Claims 1-16	YES		
		Claims 17-19	NO		

Claims

Claims 1-19

Industrial applicability (IA) Claims 1-19

Claims NO

2. Citations and explanations (Rule 70.7)

Inventive step (IS)

Novelty (N) and Inventive Step (IS) claims 1-19.

Citations

- 1. VAN ASWEGEN, C. H. et al "INFLUENCE OF PHOMOPSIN AND IVALIN ON STEROID-HORMONE BINDING AND GROWTH OF MCF-7 HUMAN BREAST CANCER CELLS." Journal of Toxicology and Environmental Health, Vol 16(1), 1985 pages 13-23.
- 2. LI, YIN et al "INTERACTION OF PHOMOPSIN A WITH PORCINE BRAIN TUBULIN." Biochemical Pharmacology, Vol 43, No 2, 1992 pages 219-224,.
- 3. TAKAHASHI, M et al "SYNTHETIC STUDY OF USTILOXIN ANALOGS: BENZYLIC OXIDATION OF 13-MEMBERED CYCLIC PEPTIDE BY LEAD TETRAACETATE." Heterocycles, Vol.47, No 1.1998 pages 163-166.
- 4. AU 64916/90 (643464)B.

Citation 1 discloses the dose-dependent inhibition of breast cancer cells in culture (page 22) using a phomopsin composition. Claims 1-16 lack an inventive step in the light of this document as it would have been obvious for a person skilled in the art to at least try the phomopsin compositions of the citation (the same compositions as used in present claims 1-16) in the treatment of a patient afflicted with cancer.

Claims 17-19 define pharmaceutical compositions comprising a phomopsin. The compositions are not restricted to the use stated in the claims and as such the novelty of claims 17-19 is destroyed by each of the four listed citations as they all describe compositions comprising a phomopsin.

(19) World Intellectual Property Organization International Bureau





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- (84) Designated States regionals: ARIPO patent (GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).

Published:

With international search report

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

ANTI CANCER AGENT AND METHOD OF TREATMENT OF CANCER

The present invention relates to the treatment of cancer and to compositions for use in treatment of cancer.

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The search for anti-cancer agents has been, and remains, a major endeavour of the pharmaceutical industry, academic institutions and government agencies throughout the world. One of the significant problems with many cancer treatments is the severe adverse affects they have on the patient and non-cancerous tissues.

We have now found that phomopsin mycotoxins (hereafter referred to as phomopsins) and their derivatives exhibit potent anticancer activity. In addition, and due to the tendency of phomopsins to specifically target the liver, we believe that phomopsins may be used to provide selective activity against liver cancer. It will be appreciated that the selectivity of phomopsins in treatment of liver cancer is a significant advantage as it allows liver cancers to be targeted while minimising the effects on other tissues.

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Phomopsins may however be utilised in treatment of cancers other than liver cancer by selecting formulations or derivatives of phomopsins which enhance selectivity of the drug for certain types of cancer cells or certain types of cancers. Derivatives of phomopsins may be formed which are conjugates with monoclonal antibodies. The monoclonal antibody may be produced by known methods to provide selectivity for cancer cells.

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Phomopsins are characterised by a 13-member ring structure generally of formula I

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Y OH

$$X \longrightarrow O$$
 R^1
 $C \longrightarrow R^2$
 $C \longrightarrow R^3$
 $C \longrightarrow R^4$
 $C \longrightarrow R^7$
 $C \longrightarrow R^6$
 wherein

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R¹, R², R³, R⁴, R⁵, R⁶ and R⁷ are optional substituents and may be independently selected from the group consisting of hydrogen, aliphatic, aromatic, peptide chains and halogen.

X is aliphatic, hydrogen or halogen (preferably hydrogen); and Y is aliphatic, hydrogen or halogen (preferably chlorine); where present a peptide chain may be conjugated with a monoclonal antibody (Mab). The phomopsins may be derivatives of compounds of formula I such as the salts thereof.

The preferred phomopsins as selected from compounds containing the group of formula Ia:

20 and the derivatives thereof.

In formula I and Ia R¹, R², R³, R⁵, R⁶ and R⁷ may typically be independently selected from hydrogen and aliphatic and R⁴ is generally a peptide. In one embodiment R⁴ is a peptide conjugated with an antibody, particularly a monoclonal antibody (Mab). More preferably R¹, R², R⁵ and R⁶ are lower aliphatic and R² and R⁷ are hydrogen. Even more preferably R¹, R² and R⁶ are lower alkyl and R⁵ is lower alkyl or lower alkenyl. Most preferably R¹ is ethyl. R² is methyl. R³ is hydrogen R⁵ is isopropyl or iso-propenyl and R⁶ is methyl. Where used herein the terms lower aliphatic, lower alkyl and, lower alkenyl include groups containing up to six carbon atoms and most preferably up to 4 carbon atoms.

The preferred stereochemistry of the compounds of formula Ia is as shown in formula Ib:

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Preferably at least 60% by weight of the phomopsin component will have stereochemistry 1b.

The group R^4 is a peptide preferably a di- or tri-peptide which may optionally be bound to an antibody such as a monoclonal antibody. The preferred group R^4 has the formula II and includes all stereo isomers:

wherein the dotted line represents an optional double bond;

 R^8 and R^9 are independently selected from hydrogen and lower alkyl and more preferably R^8 is methyl and R^9 is ethyl and R^{11} and R^{10} are hydrogen or together form a double bond;

25 R¹² is selected from the group consisting of amino, mono substituted amino, disubstituted amino and an amino acid residue particularly the group of formula III.

$$\begin{array}{c|c}
 & H \\
 & R^{12} \\
\hline
 & COOR^{15} \\
\hline
 & NH & R^{14}
\end{array}$$

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wherein R^{13} and R^{14} are hydrogen or together form a double bond and R^{15} is selected from the group consisting of hydroxy, amino, substituted amino or an antibody particularly Mab.

5 When R¹⁵ is an antibody or linked to an antibody it is preferred that R¹³ and R¹⁴ form a double bond providing a dehydroaspartic acid residue. In such a case, the carbon-nitrogen bond in the residue of formula III is relatively weak enabling an active phomopsin of formula Ia (wherein in the group of formula II R¹² is amino) to be released from the MAb once it becomes bound to cancer cells.

10 Thus a dehydroaspartic acid residue is expected to facilitate delivery of phomopsins via the Mab conjugate.

The most preferred phomopsin compounds are selected from phomopsin A, octahydrophomopsin A, iso-phomopsin A and phomopsinamine A. These compounds have the formula set out below:

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The patent may be treated with a mixture of phomopsins and it will be understood that the reference to phomopsin in the specification and claims includes mixtures of phomopsins.

In one aspect the invention provides a pharmaceutical composition for treatment of cancer, preferably liver cancer, containing a phomopsin compound or derivative thereof or pharmaceutically acceptable salt of the phomopsins or derivative and a pharmaceutically acceptable carrier.

Salts of phomopsins such as the alkaline metal salts are reasonably water soluble. Aqueous solutions can be formed by dissolving the phomopsins in a dilute base such as sodium hydroxide to provide a neutral solution.

In another aspect the invention provides a method of treatment of a patient suffering cancer including administering to the patient a phomopsin compound or derivative thereof or pharmaceutically acceptable salt of the phomopsin or derivative.

The phomopsin compound may be administered by a variety of methods including oral administration in the form of a cyrup capsule tablet or the like by injection or by intravenous infusion

30 Preferably the compound is administered by intravenous infusion

In a further aspect the invention provides the use of a phomopsin compound as hereinbefore described for preparation of a pharmaceutical composition for treatment of cancer and in particular liver cancer

Phomopsin compounds are produced by certain fungi, including <u>Diaporte</u> <u>toxicus</u> (formerly <u>Phomopsis leptostromiformis</u>) and <u>Phomopsis emicis</u>, or may be derived from these natural products.

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The activity of phomopsins is believed to be due in part to the strong binding of the compounds to tubulin. This may disrupt cell mitosis by inhibiting tubulin formation and cause depolymerization of formed microtubules. It may be preferred in some cases to use phomopsins in combination therapy with one or more other anticancer drugs or therapies. The drugs used in combination with phomopsins may be selected to enhance results by providing complementary activity in binding to microtubules. Examples of possible drugs for use in combination with phomopsins include paclitaxel, vinblastine and vincristine.

The invention will now be described with reference to the following examples. It is to be understood that the examples are provided by way of illustration of the invention and that they are in no way limiting to the scope of the invention.

Examples

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For the *in vitro* and *in vivo* assessments of anticancer activity performed by the National Cancer Institute in the USA, phomopsin A, iso-phomopsin A, phomopsinamine A and octahydrophomopsin A were obtained by the methods as described in the references by C. Culvenor, J. Edgar and M. Mackay, Tetrahedron Vol. 45, No. 8 pp 2351 (1989). and by J. Edgar, J. Frahn, P. Cockrum and J. Culvenor in the paper "Lupinosis. The Chemistry and Biochemistry of the Phomopsins" Mycotoxins and Phycotoxins, collection of invited papers presented at the sixth International IUPAC Symposium on Mycotoxins and Phycotoxins, Pretoria. Rep. South Africa. 22-25 July 1985, or as described herein.

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ISOLATION OF PHOMOPSIN A

Background:

The extraction process is designed to minimise difficulty and cost. The fermented seed is continuously extracted with recycling 15% methanol:water

PCT/AU00/01193

through an in line XAD (styrene divinylbenzene copolymer) column. The time required for adsorption of phomopsin A onto the XAD is quite lengthy, but requires minimal operator input. The timing of this step is not critical, hence can be adapted to suit operating conditions.

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The phomopsin A has a relatively low solubility in 15% methanol. The procedure relies on the adsorption of phomopsin A on the XAD resin driving the solubility equilibrium of phomopsin A in the fermented seed toward dissolution. This procedure reduces solvent usage, volumes to be handled and flammability hazards. The alternate method of extraction, without recycling would use 150+ litres of pure methanol for the initial extraction, involve a further concentration step (or dilution of the methanol extract to 900+L) then adsorption onto XAD. The current procedure uses 12 L methanol, requires minimal operation input for the adsorption phase and uses far less solvent (total volume 85L instead of 900+L).

The elution of the concentrated phomopsin A from the column is the first step in a 3 stage isolation to produce crystalline phomopsin A of 80-90% purity.

After a preliminary wash with 15% methanol in water, phomopsin A may be eluted from the column using 100% methanol. Silica gel flash column chromatography may be used for purification. The column is conditioned using 5:95 ammonia:isopropanol and the concentrate dissolved in a minimum of 20:65:15 ammonia:isopropanol:water. Phomopsin A is eluted using this 3 solvent combination. Recrystallisation from boiling glacial acetic acid provides phomopsin A in 80-90% purity.

PREPARATION OF iso-PHOMOPSIN A

Materials:

30 0.5M HgCl₂: 280 mg HgCl₂ dissolved in 2 ml H₂O (+50 μ l 10M HCl) 0.01M Phomopsin A: 18.3 mg PhA dissolved in 2 ml H₂O (with puff of NH₃).

1M HCI

Method:

0.01M Phomopsin A (2.0 ml) was mixed with 0.5M HgCl₂ (1 ml) and 1M HCl (200 μ l), total volume 3.2 ml, and left at room temperature for 5 hours. The solution was diluted to 8 ml with water then passed through a prepared C18 Maxi-clean SPE cartridge (900 mg) and washed with 7-8 ml H₂O. The adsorbed *iso*-phomopsin A was then eluted with 8-9 ml MeOH The aqueous eluate from the first C18 cartridge was reprocessed through a second C18 cartridge to check whether the first cartridge was overloaded. The MeOH eluate from the second cartridge had very little residue on drying and was not included in further processing.

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The methanol eluate, made up to 10mls, was analysed by HPLC and then was evaporated to dryness and purified using preparative HPLC.

PREPARATION OF PHOMOPSINAMINE A

Phomopsin A (15.3 mg) was dissolved in the minimum amount of 1M HCl and left at room temperature for 28 hours. The reaction mixture was diluted to 8 ml with water then passed through a strong anion exchange cartridge (SAX, 600 mg) to remove any unreacted phomopsin A (pH of solution expected to be about 1.52). The aqueous solution of non-adsorbed compounds, and the water washings of the SAX column, were then passed through a prepared C18 cartridge (900 mg). The C18 cartridge was washed with H₂O (10 ml) then the phomopsinamine A eluted with methanol (10 ml).

The methanol eluate was subjected to HPLC analysis and then evaporated to dryness and the phomopsinamine A purified using preparative HPLC.

This method may be modified by sampling the reaction mixture after 5 b hours 24 hours and 28-30 hours. All washings and eluates may be assayed by HPLC to monitor the conversion of phomopsin A to phomopsinamine A

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ANTICANCER ACTIVITY OF THE PHOMOPSINS In vitro Screening Assay

The anticancer activity of phomopsin A, octahydrophomopsin A, iso-phomopsin A and phomopsinamine A was assessed against 60 human cancer cell lines *in*

vitro. The methods used to assess anticancer activity are those employed by the United States National Cancer Institute (NCI) as a primary screen for discovering compounds with anticancer potential (Boyd and Paull, Drug Development Research, 34, 91-109 1995).

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The measured effect of the compound on the Percentage Growth (PG) of a cell line is currently calculated according to one or the other of the following two expressions:

If (Mean OD_{test} - Mean OD_{tzero}) ≥ 0 , then

10 PG = 100 x (Mean OD_{test} - Mean OD_{tzero})/(Mean OD_{ctri} - Mean OD_{tzero})

If (Mean OD_{test} - Mean OD_{tzero}) < 0, then

PG = 100 x (Mean OD_{test} - Mean OD_{tzero})/Mean OD_{tzero}

Where:

Mean OD_{tzero} = The average of optical density measurements of SRB-derived color just before exposure of cells to the test compound.

Mean OD_{test} = The average of optical density measurements of SRB-derived color after 48 hours exposure of cells to the test compound.

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Mean OD_{ctrl} = The average of optical density measurements of SRB-derived color after 48 hours with no exposure of cells to the test compound.

Results

The calculated PGs of each of 60 cell lines for various concentrations of the test compounds are presented in Tables 1a to 4b. Testing was conducted twice for each compound and the results of the testing of this compound phomopsin A (Tables 1a and 1b), octahydrophomopsin A (Tables 2a and 2b), isophomopsin A (Tables 3a and 3b) and phomopsinamine A (Tables 4a and 4b) and demonstrate a dose-related response of most of the cancer cell lines tested to phomopsin A iso-phomopsin A octahydrophomopsin A and phomopsinamine A. In particular, the data supported progression of the assessment procedure to in vivo testing.



Table 1a

Compound 1 Phomopsin A

ID No. 9502RM16					
		ation			
Cell line	-6	-7	ent Growth: -6	-5	-4
Leukemia					
CCRF-CEM	99	106	98	34	-24
HL-60 (TB)	101	101	76	17 24	-43 -23
k562	97	102	87 95	43	-23 29
MOLT-4	99 111	103 109	103	36	-5
RPMI-8226 SR	118	111	53	-16	-35
Non-small cell lung cancer					
A549/ATCC	102	103	69	31	17
EKVX	102	106	85	40	11
HOP-62	104	106	96	72	56
HOP-92	114	116	110 67	91 -4	90 -26
NCI-H226	107 105	121 102	101	74	36
NCI-H23 NCI-H322M	102	98	94	30	8
1401-1132210					
NCI-H460	103	111	83	16	9
NCI-H522	103	105	100	18	-21
Colon cancer					70
COLO 205	107	75 05	57	-54 4	-79 - 4 6
HCC-2998	95 97	95 102	74 101	32	11
HCT-116 HCT-15	90	97	74	26	10
HT29	95	97	91	14	5
KM12	100	83	62	12	5
SW-620	96	107	101	62	44
CNS cancer				_	
SF-268	101	101	89	5;	36
SF-295	107 94	10? 94	74 69	21 -18	-54
SF-539	94	34	03	-10	
SNB-19	93	97	92	44	22
SNB-75	93	7"	48	-11	21
U251	100	102	89	16	4
Melanoma				40	00
LOX IMVI	90	97	82	43 32	20 25
MALME-3M	101 98	92 83	65 64	0	-27
M14 SK-MEL-2	97	95	84	32	11
SK-MEL28	94	83	68	44	37
Sk-MEL-5	100	87	48	30	23
UACC-257	113	104	7.5	e C	73
UACC-62	101	95	79	38	26
Ovanan cance:	00	102	97	73	44
IGR-OV1 OVCAR-3	99 1 0 2	97	64	11	4
OVCAR-4	99	84	114	63	54
OVCAR-5	101	102	78	20	27
OVCAR-8	95	93	97	€.,	E
SF OV	٠				•
Renal cancer	.01	6.5	86	2.4	1 p
786 0 4444	105 4	õú	÷ .		
ACHN	101	51	83	45	36
CAKI-1	90	8.8	62	•	28
RXF-393	91	£7	49	_ :	39
SN12C	104	164	92	64	38
TK-10	ندو	5.	25	(5
UO-31	98	94	91	54	48
Prostate cancer	400	96	66	20	10
PC-3	100 108	89 162	66	20 E	-13
DU-145 Breast cancer	100	102	J C		
MCF7	98	92	€-	21	6
MCF7/ADR-RES	99	49	91	45	13
MDA-MB-231/Atcc	99	101	93	77	5
HS 578T	104	107	101	71	75
MDA-MB-435	98	60	11	4t	80 - 11
MDA-N	93	71 121	18 11.	81 1	54.
BT-549 T-47D	196 91	121 107		4.	73
1-4/0					



Table 1b

Compound 1 Phomopsin A ID No: 9409SC89

ID No: 94095C89					
				10 Concent	
			Per	cent Growth	
Cell line	-6	-7	-6	-5	-4
Leukemia					
CCRF-CEM	84	8 6	80	-2	-47
HL-60 (TB)	75	88	76	-31	-65
K-562	105	121	93	33	11
MOLT-4	98	93	90	28	28
RPMI-8226	103	94	87	Ģ	-27
SR	90	88	88	25	19
Non-small cell lung cancer					
A549/ATCC	107	103	B2	34	25
EKVX	107	99	92	58	4.5
HOP-62	100	114	99	57	35
NCI-H226	87	85	96	34	. 5-
NCI-H23	101	101	88	20	
NCI-322M	93	93	80	27	44
NCI-H460	101	95	80	12	
NCI-H522	102	102	93	9	-21
Colon cancer					_
COLO 205	99	108	69	-27	-44
HCC-2998	104	96	87	11	-37
HCT-116	102	94	93	32	15
HCT-15	102	99	103	35	15
HT29	95	95	92	-14	-5.
KM12	92	95 87	61	-19	-52
SW-620			93	34	
	104	104	93	.34	22
CNS cancer					4.7
SF-268	104	106	87	40	16
SF-295	100	94	74	-45	-53
SF-539	99	102	98	32	
SNB-19	101	98	94	56	33
SNB-75	83	55	28	15	1:
U251	103	98	91	26	Ģ
Melanoma					
LOX IMVI	101	108	100	46	37
M14	99	110	76	19	-31
SK-MEL-2	87	92	74	32	16
SK-MEL-28	96	98	69	37	51
SK-MEL-5	106	101	54	22	10
UACC-257	98	92	75	26	42
Ovanan cancer					
IGROV1	104	119	109	57	2.
OVCAR-5	9ê	100	82	24	19
OVCAR-8	105	133	104	59	30
SK-OV-3	94	114	89	26	4
Renal cancer					
786-0	91	97	98	38	1 ~
A498	93	100	83	17	
ACHN	0.5	90	90	4.	
SN12C	105	100	163	59	28
T⊁-10	100	106	98	92	5:
Frostate Cance					
Pu-s	ببو	100	86	21	1.
DU-145	95	105	83	22	7
Breast cancer		. 00		* *	
MCF7	98	100	76	23	1.2
MCF7/ADR RES	6.5	100	95	23	1.7
	99	98	96	cc	3
MDA-MB-231/ATCC	412	109		66	3.
HS 578T			79	23	4
MDA-MB-435	90	81	34	1	-23
MDA-N	103	101	23	.75	-€ 3
BT-549	107	110	100	65	43
T-47D	95	98	7.4	31	5+

Table 2a

Compound 1 Octahydrophomopsin A ID No 9409SC89

ID No 9409SC89					
			10 Concent		
		Per	cent Growth	1	
Cell line	-6	-7	-6	-5	-4
Leukemia					
CCRF-CEM	90	96	82	8	-3
HL-60 (TB)	106	95	88	-25	-49
K-562	100	108	92	22	14
MOLT-4	103	112	105	39	20
RPMI-8226	110	99	84	7	-33
SR	94	96	92	27	15
Non-small cell lung cancer					
A549/ATCC	105	104	97	47	12
EKVX	95	97	88	62	44
HOP-62	103	96	105	72	43
NCI-H226	85	75	85	33	-22
NCI-H23	110	118	104	69	12
NCI-H322M	100	99	91	49	26
NCIH460	9 9	99	96	29	2
NONESS	99	99	88		5
NCIH522	99	39	00		\$1
Colon cancer					
COLO 205	97	100	70	1	-82
HCC-2998			135		-1€
HCT-116	104	103	100	41	14
HCT-15	96	97	97	58	16
HT29	93	91	90	30	6
KM12	108	124	139	63	-8
SW-620	95	98	8	4ر	52
CNS cancer	-	•	•		
SF-268	101	100	86	43	22
÷					
SF-295	88	88	72	-27	-65
SF-539	101	95	95	27	-32
SNB-19	100	97	9ô	59	38
SNB-75	90	111	89	-7	27
U251	96	99	90	20	-3
	90	33	30	20	
Melanoma	07	400	0.0	50	20
LOX IMVI	97	100	92	52	39
M14	101	70	94	24	-51
SK-MEL-2	111	109	10€	38	60
Sk-MEL-28	105	94	69	29	41
SK-MFL-5	93	105	4.5	3	19
UACC-257	98	97	85	36	37
Ovanan cancer					
IGROV1	108	107	99	52	34
OVCAR-5	102	94	96	57	24
OVCAR-8	106	99	100	62	29
				27	
SK-OV-3	85	98	79	-7	-11
Renal cancer					
766.0	.4	4.5			4
A498	104	100	103	49	16
ACHN	ðö	96	84	61	.12
SN120	t"	Sec.		*.	-
TK-10	97	90	101	÷7	+1
Prostate cancer					
PC-3	8:-	100	, -	1.	1
DU-145	105	108	95	29	-4
Breast cancer	. 30				•
	116	106	108	34	26
MCF7	115	108			
MCF7/ADR-RES	107	106	100	66	-15
MDA-MB-231/ATCC	100	95	83	53	23
HS 578T	90	90	72	13	-10
MDA-MB-435	100	91	59	13	-14
MDA-N	101	99	51	. 9	-23
BT-549	111	75	87	57	37
T-47D	95	122	89	45	48



Table 2b

Compound 1 Octahydrophornopsin A ID No. 950RM16

Cell line	-4 -33 -33 -21 -3 -35 -21 -23 -21 -76 -14 -27 -17 -13 -13 -13 -13 -13 -22 -8 -20 -3 -6 -14 -15 -15 -15 -15 -15 -15 -15 -15 -15 -15
Cell line 1-6 -7 -6 -6 Leukaema CCRF-CEM 99 102 93 28 HL-60 (TB) 100 81 93 2 K-S62 104 100 99 27 MOLT-4 104 99 103 46 RPMI-8226 94 87 96 39 SR 78 92 54 -9 Non-small cell lung cancer A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H226 108 104 102 25 NCI-H322M 99 98 99 74 NCI-H322M 99 98 99 74 104 45 NCI-H362 106 103 102 27	-33 -33 -21 -26 -3 -35 -21 -23 -21 -76 -14 -27 -17 -13 -13 -13 -13 -13 -22 -8 -20 -36 -40 -0 -55 -21 -21 -22 -23 -21 -21 -21 -21 -21 -21 -21 -21 -21 -21
Leukaemia CCRF-CEM 99 102 93 28 HL-60 (TB) 100 81 93 27 MOLT-4 104 99 103 46 RPMI-8226 94 87 96 39 SR 78 92 54 -9 NOn-small cell lung cancer A549/ATCC 104 93 101 57 EVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 96 101 42 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 64 HT29 101 96 99 40 SW-620 100 93 92 58 SF-295 93 79 74 SP-295 SP	-33 -33 -21 -26 -3 -35 -21 -23 -21 -76 -14 -27 -17 -13 -13 -13 -13 -13 -22 -8 -20 -36 -40 -0 -55 -21 -21 -22 -23 -21 -21 -21 -21 -21 -21 -21 -21 -21 -21
CCRF-CEM 99 102 93 28 HL-60 (TB) 100 81 93 2 K-S62 104 100 99 27 MOLT-4 104 99 103 46 RPMI-8226 94 87 96 39 SR 78 92 54 -9 Non-small cell lung cancer A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H23 94 96 85 57 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-115 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 98 89 97 SF-295 93 79 74 SNB-19 101 103 104 50 SNB-75 99 102 52 51 SRB-19 101 103 96 97 SNB-75 99 102 52 51 SNB-75 99 102 52 51 U251 103 96 97 SNB-75 99 102 52 51 U251 105 U251 105 U251 105 U251 105 U251 U251 U251 U251 U251 U251 U251 U25	-33 -21 -26 -35 -21 -23 -21 -27 -14 -27 -17 -13 -13 -7 -22 -8 -20 -36 -40 -65 -65 -20 -16
HL-60 (TB)	-33 -21 -26 -35 -21 -23 -21 -27 -14 -27 -17 -13 -13 -7 -22 -8 -20 -36 -40 -65 -65 -20 -16
K-S62 104 100 99 27 MOLT-4 104 99 103 46 RPMI-8226 94 87 96 39 SR 78 92 54 -9 Non-small cell lung cancer A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 98 85 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 98 98 98 NCI-H28 106 99 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 774 65	-21 -26 -3 -35 -21 -23 -21 -76 -14 -27 -17 -13 -13 -13 -13 -22 -8 -20 -36 -40 -0 -55 -20 -16 -16 -16 -16 -16 -16 -16 -16 -16 -16
MOLT-4 104 99 103 46 RPMI-8226 94 87 96 39 SR 78 92 54 -9 Non-small cell lung cancer A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 98 86 99 40 SW-620 100 93 92 58 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 98 98 98 KM-EL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 97 MALME-3M 99 96 84 46 M14 90 98 98 98 SK-MEL-2 101 96 93 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 774 65	26 -3 -35 -21 -23 -21 -76 -14 -27 -17 -13 -13 -13 -13 -22 -8 -20 -36 -40 -0 -55 -23 -16
RPMI-8226 94 87 96 39 SR 78 92 54 -9 Non-small cell lung cancer A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-258 93 79 74 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 48 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 48 SK-MEL-2 101 96 93 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	-3 -35 -35 -21 -23 -21 -76 -14 -27 -15 -13 -13 -13 -17 -22 -8 -20 -36 -40 -0 -55 -23 -16 -16 -16 -16 -16 -16 -16 -16 -16 -16
Non-small cell lung cancer A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 98 85 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 SF-539 83 90 87 MElanoma LOX IMVI 91 91 85 45 MALME-3M 99 98 98 43 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 99 40 SK-MEL-28 106 90 76 44 SK-MEL-28 106 90 76 44 SK-MEL-2 101 96 99 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	21 23 21 76 14 27 17 15 13 13 17 22 8 20 36 40 0 -55
A549/ATCC 104 93 101 57 EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 98 85 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 51 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	23 21 76 -14 27 17 15 -13 -13 -13 -22 -8 20 36 -40 -55
EKVX 105 93 93 52 HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H232M 99 98 99 74 NCI-H322M 99 98 99 74 NCI-H326 106 103 102 27 Colon cancer COLO 205 101 94 74 13 HCT-116 105 100 101 42 44 </td <td>23 21 76 -14 27 17 15 -13 -13 -13 -22 -8 20 36 -40 -55</td>	23 21 76 -14 27 17 15 -13 -13 -13 -22 -8 20 36 -40 -55
HOP-62 89 90 85 55 HOP92 98 99 92 51 NCI-H226 106 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H360 105 101 104 45 NCI-H360 105 101 104 45 NCI-H360 105 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45	21 76 -14 27 17 15 -13 -13 -13 -17 -22 -8 20 36 -40 0 -55
HOP92 98 99 92 51 NCI-H226 108 104 102 25 NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H360 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 56 CNS cancer SF-268 101 96 85 55 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 51 SNB-75 99 102 52 51 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 97 40 SK-MEL-2 101 96 97 40 SK-MEL-2 101 96 97 40 SK-MEL-2 101 96 97 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	76 -14 -27 -17 -15 -13 -13 -13 -17 -22 -8 -20 -36 -40 -55 -23 -16
NCI-H226	-14 -27 -17 -13 -13 -13 -17 -22 -8 -20 -36 -40 -56 -23 -16
NCI-H23 94 96 85 57 NCI-H322M 99 98 99 74 NCI-H322M 99 98 99 74 NCI-H322M 105 101 104 45 NCI-H522 106 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 56 CNS cancer SF-268 101 96 86 52 SF-295 93 79 74 22 SF-539 83 90 87 11 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 99 76 46 SK-MEL-28 106 99 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	27 17 15 -13 -13 -13 -17 -22 -8 -20 -36 -46 -0 -56
NCI-H322M 99 98 99 74 NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 96 85 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 98 43 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	15 15 13 -13 -13 -7 22 8 20 36 -46 0 -56
NCI-H460 105 101 104 45 NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-266 101 98 85 52 SF-295 93 79 74 22 SF-399 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 99 340 SK-MEL-2 101 96 99 340 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	15 -13 -13 -13 -17 -22 -8 -20 -36 -40 -55 -23 -16
NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 96 85 52 SF-295 93 79 74 22 SF-399 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 99 340 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	-13 -13 -13 -17 -22 -8 -20 -36 -40 -55 -23 -16
NCI-H522 108 103 102 27 Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 96 85 52 SF-295 93 79 74 22 SF-399 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 99 340 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 99 40 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	-13 -13 -13 -17 -22 -8 -20 -36 -40 -55 -23 -16
Colon cancer COLO 205 101 94 74 13 HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 56 CNS cancer SF-268 101 98 85 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 11 U251 103 96 97 30 Metanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 99 76 46 SK-MEL-2 101 96 99 76 46 SK-MEL-2 101 96 99 76 46 SK-MEL-2 101 96 90 76 44 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	-13 -13 -17 -22 -8 -20 -36 -45 -0 -55
HCC-2998 97 100 104 48 HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 56 CNS cancer 57:268 101 98 86 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52' -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 <t< td=""><td>-13 -17 -22 -8 -20 -36 -46 -55 -23 -16</td></t<>	-13 -17 -22 -8 -20 -36 -46 -55 -23 -16
HCT-116 105 100 101 42 HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 56 CNS cancer SF-268 101 96 86 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-2 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	22 8 20 36 45 0 -55
HCT-15 90 98 81 45 HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 56 CNS cancer SF-266 101 96 86 51 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 90 76 446 SK-MEL-2 106 90 76 446 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	22 8 20 36 45 0 -55
HT29 97 96 101 61 KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer FF-268 101 96 85 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 44 SK-MEL-5 110 107 72 36 UACC-257 105 105 74	8 20 36 40 0 -55
KM12 101 96 99 40 SW-620 100 93 92 58 CNS cancer SF-268 101 98 85 50 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 50 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	20 36 40 0 -55
SW-220 100 93 92 56 CNS cancer SF-26E 101 9E 85 52 SF-26E 101 9E 85 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	36 46 0 -55 23 16
CNS cancer SF-268 101 98 85 52 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 48 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	45 0 -55 23 16
SF-26E 101 98 86 52 SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52 -11 U251 103 96 97 30 Metanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	0 -55 23 16
SF-295 93 79 74 22 SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 52' -11 U251 103 96 97 30 Melanoma USA IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	0 -55 23 16
SF-539 83 90 87 1 SNB-19 101 103 104 50 SNB-75 99 102 5½ -11 U251 103 96 97 30 Melanoma VARIAN 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	-55 23 16
SNB-19 101 103 104 50 SNB-75 99 102 52' -111 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	23 16
SNB-75 99 102 52' -11 U251 103 96 97 30 Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 48 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	16
U251 103 96 97 30 Metanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 45 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 48 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	
Melanoma LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 45 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 48 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	9
LOX IMVI 91 91 85 45 MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	
MALME-3M 99 96 84 46 M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	_
M14 90 98 98 43 SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	25
SK-MEL-2 101 96 93 40 SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	27
SK-MEL-28 106 90 76 46 SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	5 12
SK-MEL-5 110 107 72 36 UACC-257 105 105 74 65	43
UACC-257 105 105 74 65	28
	88
	18
Ovarian cancer	
IGR-OV1 94 95 94 68	42
OVCAR-3 103 99 87 31	13
OVCAR-4 106 90 94 85	99
OVCAR-5 107 104 105 62	26
OVCAR-8 98 99 95 70 5K OV:0 104 90 94 40	
SK 0V:0 104 90 90 40 40 40 Renai cancer	
786-0 11: 96 90 48	
A496	
ACHN 100 103 104 81	5.7
CAKI-1 96 72 60 36	512
RXF-393 95 93 8 52	4.
SN12C 91 93 92 63	40
D2 CC CC C.	1
UO-31 100 92 99 75	7
Prostate cance: PC-3 104 99 93 42	12
PC-3 104 99 93 42 DU-145 100 97 94 17	-1
Breast cancer	•
MCF7 104 100 94 48	4.
MCF7/ADR-RES 102 98 97 61	23
MDA-MB-231/ATCC 97 67 72 64	22
HS 578T 103 92 87 51	83
MDA-MB-435 101 89 46 -25	-131)
MDA-N 85 81 11 677	د ن
BT-549 123 108 96 46	-83
T-47D 99 100 86 59	-8.i 38 77

Table 3a

Compound 1 ISO-Phomopsin A ID No: 9409SC89

		Log	10 Concent	ration	
		Per	cent Growth	1	
Cell line	-6	-7	-6	-5	-4
Leukemia					
CCRF-CEM	103	97	92	7	-43
HL-60 (TB)	106	98	98	-29	-59
K-562	128	123	112	25	5
MOLT-4	97	105	106	46	5
RPMI-8226	106	104	87	0	-14
SR	96	99	94	28	5
Non-small cell lung cancer					
A549/ATCC	104	103	90	31	11
EKVX	103	101	98	64	58
HOP-62	9 5	82	79	53	21
NCI-H226	95	93	110	39	-15
NCI-H23	99	105	93	37	16
NCI-H322M	95	100	85	34	51
NCI-H460	95	96	85	7	-32
NCI-H422	100	99	95	10	-76
Colon cancer					
COLO 205	102	106	76	-45 45	-48
HCC-2998	96	99	92	15	-35
HCT-116	100	111	99	30	6
HCT-15	100	102	102	40	16
HT29	98	98	93	-30	-26
KM12	116	98	62 87	-33	-69
SW-620	99	99	8,	23	2
CNS cancer	400	94	87	46	3.1
SF-268 SF-295	102 100	93	88	-36	-52
SF-539	96	95	82	28	-5/2
SNB-19	100	98	89	57	37
SNB-75	84	102	106	23	3£
3118-73	04	102	.00		•
U251	97	93	83	15	-20
Melanoma					
LOX IMVI	99	96	91	43	19
M14	78	81	46	-6	-58
SK-MEL-2	100	95	80	18	0
SK-MEL-28	93	95	78	47	43
SK-MEL-5	117	110	41	2	1
UACC-257	98	96	85	20	27
Ovarian cancer					
IGROV1	105	106	94	49	27
OVCAR-5	102	100	95	30	25
OVCAR-8	103	107	105	66	32
SK-OV-3	105	106	86	24	35
Renal cancer					
786=0	93	94	99	40	24
A498	97	93	95	21	3
ACHN	101	95	Q 1	4F	71
SN12C	102	99	101	•5€	24
Tk. 10	101	103	101	8.	5
Pusiale wars					
FC-3	10.	100			10
DU-145	106	111	97	16	5
Breast cancer	400		25	20	
MCF7	102	92	69	20	3
MCF7/ADR-RES	106	109	95	19	5
MDA-MB-231/ATCC	102	100	107	64	20
HS 578T	103	80	69	3€	31
MDA-MB-435	98	106	58	-20 -7	3 37
MDA-N	103 116	92 108	42 123	71	32
BT-549 T-47D	104	96	103	42	42
, 410	104	30	100	42	4.



15 Table 3b

Compound 1 ISO-Phomopsin A ID No 9502RM16

ID No 9502RM16					
			C Concentra ent Growth	ition	
Calling	-6	-7	-6	-5	-4
Cell line Leukemia	-0		Ū	_	
CCRF-CEM	103	106	9 7	25	-21
HL-60 (TB)	95	100	83	-19	-4 1
K-562	100	104	92	19	-:7
MOLT-4	102	100	101	44	24
RPMI-8226	110	110	97	19 -15	-22
SR	100	96	41	-15	-22
Non-small cell lung cancer	104	100	77	33	19
A549/ATCC EKVX	94	101	96	44	22
HOP-62	94	94	89	54	26
HOP-92	96	96	76	66	86
NCI-H226	114	110	88	-6	-27
NCI-H23	104	105	83	48	39
NCI-H322M	106	98	96	32	14
NCI-H460	93	105	79	20	4
NCI-H522	101	97	88	15	-4
Colon cancer				2.4	70
COLO205	90	76	44	-34	-70 -64
HCC-2998	98	97	82 79	-8 21	4
HCT-116	93	88	85	29	14
HCT-15	97 99	98 100	8 5	10	6
HT29	91	87	4 7	15	-6
KM12 SW-620	97	99	83	40	35
CNS cancer	0.	• • •			
SF-268	94	92	88	52	37
SF-295	95	100	73	12	-11
SF-539	101	97	76	-29	-68
SNB-19	97	100	89	44	20
SNB-75	97	104	84	-3	60
U251	98	96	77	11	4
Melanoma					20
LOX IMVI	98	100	92	45 26	30 17
MALME-3M	100	89	64 6 9	∠6 5	-26
M14	101	80 99	75	23	17
SK-MEL-2	94 93	88	77	40	24
SK-MEL-28 SK-MEL-5	99	87	6 0	29	35
UACC-257	84	92	78	46	58
UACC-62	96	96	83	45	29
Ovanan cancer					
IGR-OV1	98	97	93	58	36
OVCAR-3	97	90	46	3	-17
OVCAR-4	97	92	79	62	47
OVCAR-5	97	99	68	15	21
OVCAR-8	106	106	106	74	34 6
SK-OV-3	95	92	76	23	Ç,
Renal cancer	44	84	754	32	16
786-0	6.	84	e-		. 11
A498 1040		40%		r.c	10
CAKI:		10.1	1.		:
RXF-393	100	102	75	41	3.5
SN12C	30	эu	30	• 1	. 0
TK-10	101	105	9 '	96	7.1
U0-31	97	96	96	67	48
Prostate cancer					22
PC-3	100	94	6R	53	23
DU-145	107	100	72	- 5	2
Breast cancer	••	00	90	32	12
MCF7	99 94	98 95	90 87	32 44	· ·
MCF7/ADR-RES	92	110	92	73	15
MDA-MB-231/ATCC HS 578T	99	70	70	48	58
MDA-MB-435	103	87	34	-35	.69
DMDA-N	103	82	*16	84	-68
BT-549	102	98	۾ ي	50	48
T-47D	84	96	76	41	٤.



Table 4a

Compound 1 Phomopsinamine A ID No. 9409SC89

ID No 9409SC89					
		-	10 Concent		
	_		cent Growth		
Cell line	-6	-7	-€	- 5	-4
Leukemia			40		**
CCRF-CEM	97	93	49	-13	-7
HL-60 (TB)	104	103	56	-53	-55
K-562	105	100	53	5	2
MOLT-4	95	93	91	26	17
RPMI-8226	106	103	65	9	
SR	104	95	71	26	12
Non-small cell lung cancer	•				
A549/ATCC	99	100	53	19	18
EKVX	89	96	80	44	38
HOP-62	105	101	75	29	34
NCI-H2?6	82	84	63	-12	-31
NCI-H23	110	112	78	11	-9
NCI-H322M	96	97	€1	3.1	36
NCI-H460	104	11:	37	4	-35
MNCI-H522 Colon cancer	66	62	40	-42	-64
COLO 205	109	103	36	-22	-72
HCC-2998	109	113	60	-16	-59
HCT-116	99	99	63	14	1
HCT-15	93	94	76	19	2
HT29	101	102	50	-53	-64
KM12	110	123	77	47	40
SW-620	93	100	59	21	24
CNS cancer	33	700	0.5	-	
SF-268	101	100	7û	32	13
	87	86	5 6	-22	-27
SF-295	97	102	77	-18	-44
SF-539		94	65	27	20
SNB-19	86	94	63		20
SNB-75	63	78	36	11	22
U251	87	8.7	40	C	-39
Melanoma					
LOX IMVI	98	101	73	38	28
SK-MEL-2	102	96	37	- 1	-6
Sk-MEL-28	100	93	65	42	49
SK-MEL-5	102	99	32	1.7	14
UACC-257	95	95	66	3.1	42
Ovarian cancer					
IGROVI	100	98	69	37	19
OVCAR-5	102	93	60	11	15
OVCAR-8	81	103	85	55	2
SK-OV-3	101	107	59	27	14
Renal cancer		, , ,	-		
786-0	100	98	91	31	15
A498	111	101	82	2	-11
ACHN M496	90	100		<u>.</u>	
	96	93	62	35	13
SN12C	96 98	100	91	:	- 1
18-10	-6	100	-		·
Subsidie var ing			4	18	1 14
F\0-5	90	9.9 9.9	48	10	1
DU-145	gu	99	46	•••	
Breast cancer		446	3.0	16	10
MCF7	114	116	8E ==	15	10
MCF7/ADR-RES	103	o _o		0.0	
MDA-MB-231/ATCC	95	96	86	26	15
HS 578T	87	ρ ⁻⁷	F.C.	Ę	3-
MDA-MB-435	126	71	-15	-55	-32
MDA-N	93	87	-6	-58	-49
BT-549	145	85	51	29	-25
T-47D	95	105	71	21:	68



Table 4b

Compound 1 Phomopsin ID No 9502RM16	amine A	_	10 Concent cent Growth		
Cell line	-8	-7	-6	-5	-4
Leukemia					
CCRF-CEM	101	99	67	-7	-34
HL-60 (TB)	106	96	26	-37	-47
K-562	100	100	€3	-3	-15
MOLT-4	104	99	88	25	9
RPMI-8226	107	99	€1	6	4
SR	104	68	9	-15	-21
Non-small cell lung cance	er				
A549/ATCC	97	81	44	21	7
EKVX		99	79	41	36
HOP-62	96	101	86	53	45
HOP-92	128	120	100	98	59
NCI-H226	114	104	47	-14	-27
NCI-H23	101	94	73	33	34
NCI-H322M	104	101	73	23	17
NCI-H460	100	102	37	12	14
NCI-H522	100	102	72	35	-24
Colon cancer					
COLO 205	98	82	28	-24	-45
HCC-2998		103	43	-32	-33
HCT-116	93	93	50	16	8
HCT-15		93	59	22	6
HT29	98	101	40	4	4
KM12	96	81	26	9	1
SW-620	97	93	71	40	31
CNS cancer					
SF-268	98	94	64	47	30
SF-295	103	81	24		(·
SF-539	102	95	43	-45	-60
SNB-19	98	94	61	30	21
SNB-75	116	110	36	10	20
U251	104	89	41	11	12
Melanoma					
LOX IMVI		95	75	37	21
MALME-3M	100	78	55	29	25
M14	99	95	56	1	-1
Sk-MEL-2	99	91	70	17	16
SK-MEL-28		86	60	24	45
SK-MEL-5	99	68	38	27	19
UACC-257	103	94	73	€.4	73
UACC-62	97	93	53	35	3,
Ovarian cancer					
IGR-OV1	95	95	79	47	30
OVCAR-3	101	77	10	1	-6
OVCAR-4	98	102	89	59	45
OVCAR-5	99	105	50	25	35
OVCAR-8		102	92	42	22
SK-OV-3	100	97	51	0	4
Renai cancer					
78 5-0	nu e		5.7	. =	- 11
A498		117	61		16
ACHN	102	101	7.	53	36
CAKIT		-	* ±	:	4
RXF-303	86	85	56	17	5.3
SN12C	96	C.	74	4 %	ν,
TK-10		100	111	: 3	73
UO-31	102	104	97	53	5.3
Prostate carrot			-		
PC-3	102	85	38	20	10
DU-145	100	5.5	35	-12	1
Breast cancer	.00				
MCF7	103	106	43	27	9
MCF7/ADR-RES	97	96	85	46	21
MDA-MB-231/ATCC	96	90	76	27	2
HS 578T	102	72	70	62	77
MDA-MB-435		61	10	-42	-27
MDA-N	94	51	-58	-86	-65
BT-549	110	96	52	4.	43
T-47D	90	100	77	54	78

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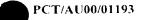
In vivo, Hollow Fiber Screeening Assay

The Biological Testing Branch of the Developmental Therapeutics Program has adopted a preliminary *in vivo* screening tool for assessing the potential anticancer activity of compounds identified by the large scale *in vitro* cell screen (Hollingshead, MG etal., Life Sciences, 57, 131 - 141, 1995). For these assays, human tumour cells are cultivated in polyvinylidene fluoride (PVDF) hollow fibers, and a sample of each cell line is implanted into each of two physiologic compartments (intraperitoneal and subcutaneous) in mice. The protocol identifies compounds having moderate to prominent anti-cancer activity, and facilitates identification of sensitive tumor lines and appropriate treatment regimens for subsequent testing in standard. *in vivo* solid tumor models.

<u>Methodology</u>

Each test mouse receives a total of 6 fibers (3 intraperitoneally and 3 subcutaneously) representing 3 distinct cancer cell lines. Three mice are treated with potential antitumor compounds at each of 2 test doses by the intraperitoneal route using a QD x 4 treatment schedule. Vehicle controls consist of 6 mice receiving the compound diluent only. The fiber cultures are collected on the day following the last day of treatment. To assess anticancer effects, viable cell mass is determined for each of the cell lines using a formazan dye (MTT) conversion assay. From this, the %T/C can be calculated using the average optical density of the compound-treated samples divided by the average optical density of the vehicle controls. In addition, the net increase in cell mass can be determined for each sample as a sample of fiber cultures are assessed for viable cell mass on the day of impiantation into mice. Thus, the cytostatic and cytocidal capacities of the test compound can be assessed

Generally, each compound is tested against a minimum of 12 human cancer cell lines. This represents a total of 4 experiments since each experiment contains 3 cell lines. The data are reported as %T/C for each of the 2 compound doses against each of the cell lines with separate values calculated for the intraperitoneal and subcutaneous samples.



Evaluation

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Compounds are selected for further in vivo testing in standard subcutaneous xenograft models on the basis of several hollow fiber assay criteria. These include: (1) a % T/C of 50 or less in 10 of the 48 possible test combinations (12 cell lines X 2 sites X 2 compound doses); (2) activity at a distance (intraperitoneal drug/subcutaneous culture) in a minimum of 4 of the 24 possible combinations; and/or (3) a net cell kill of 1 or more cell lines in either implant site. To simplify evaluation, a points system has been adopted which allows rapid viewing of the activity of a given compound. For this, a value of 2 is assigned for each compound dose which results in a 50% or greater reduction in viable cell mass. The intraperitoneal and subcutaneous samples are scored separately so that criteria (1) and (2) can be evaluated. Compounds with a combined IP+SC score ≥ 20, a SC score ≥ 8 or a net cell kill of one or more cell lines are referred for xenograft testing. These criteria were statistically validated by comparing the activity outcomes of > 80 randomly selected compounds in the hollow fiber assay and in the xenograft testing. This comparison indicated that there was a very low probability of missing an active compound if the hollow fiber assay were used as the initial in vivo screening tool. In addition to these criteria, other factors (e.g. unique structure, mechanism of action) may result in referral of a compound for standard xenograft testing without the compound meeting these criteria.

Results

The data acquired for phomopsin A demonstrated significant cell growth inhibition and cytocidal activity as demonstrated by the %T/C results shown for various cell lines in Table 5

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<u>Table 5</u>

Hollow fibre assay (%test/control, %T/C) for Phomopsin A

Cell line	30mg/k	g/dose	20mg/l	g/dose	45mg/k	g/dose	30mg/l	kg/dose
	IP	SC	IP	SC	IP	SC	IP	SC
Expt591		:			Expt580			
LOX IMVI	>100 >100	>100; >100;	37 . 29	>100 , > 1 00	98 ; 98	80 ; 84	88 ; 90	85 ; 88
COLO 205	67; 59	49 ; 34	58; 48	85 , 81	>100; >100	64; 72	58; 67	86; 8 9
OVCAR-3	35 ; -18	79 ; 22	36 ; -15	>100 ; >100	61 ; 79	>100 ; >100	25 ; 60	37 ; 66
Expt590					Expt579			
NCI-H23	81 ; 76	96 ; 94	>100 ; >100	>100 ; >100	44 ; 68	-41 ; 38	60 : 77	21; 65
MDA-MB-231	46 ; 30	72 ; 63	44 ; 28	4 6 ; 29	>100 : >100	>100 ; >100	99 : 9 9	> 10 0 ; >100
SW-620	>100 ; >100	>100 ; >100	>100 ; >100	>100 ; >100	78 ; 82	78 ; 83	97 ; 98	86 ; 89
Expt581								
NCI-H522	85 ; 59	96 ; 91	70 ; 18	>100 ; >100				
UACC-62	100 ; 100	92 ; 81	97 ; 95	90 ; 79				
U251	>100 , >100	95; 91	90 . 83	99 ; 98				
Expt582								
MDA-MB-435	71 ; 62	69 ; 58	81 ; 74	87 , 82				
OVCAR-5	51 , 38	92 , 90	89 , 87	95 ; 94				
SF-295	ਟੁ ਚ 68	≥100 ; ≥100	>100 >100	∞100 ; >100				

Data are results from duplicate assessments against implanted cell lines IP = intraperitoneal CC = subcutaneous

Finally, it is to be understood that various alterations, modifications and/or additions may be introduced into the composition and/or arrangement of steps previously described without departing from the spirit or ambit of the invention.

Claims

- 1. A method of treatment of a patient suffering cancer comprising administering to the patient an effective amount of a phomopsin.
- 2. A method according to claim 1 wherein the patient is treated with a compound selected from compounds of formula I and derivates thereof

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Y OH

$$X \longrightarrow O$$
 R^{1}
 $C \longrightarrow R^{2}$
 $C \longrightarrow R^{2}$
 $C \longrightarrow R^{3}$
 $C \longrightarrow R^{4}$
 $C \longrightarrow R^{7}$
 $C \longrightarrow R^{4}$
 $C \longrightarrow R^{5}$
 R^{5}
 R^{5}

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wherein:

R¹, R², R³, R⁴, R⁵, R⁶ and R⁷ are optional substituents

X is selected from the group consisting of aliphatic, hydrogen and halogen; and

Y is selected from the group consisting of aliphatic, hydrogen and halogen.

3. A method according to claim 2 wherein the patient is treated with a compound selected from compounds of formula I and derivatives and salts thereof wherein in said compound of formula I the substituent X is hydrogen, Y is chiorine and R¹, R², R³, R⁴, R⁵, R⁶ and R⁷ are independently selected from the group consisting of hydrogen aliphatic aromatic peptide chains and halogen and wherein a conjugate may be formed between a peptide chain and a monoclonal antibody.

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4. A method according to claim 1 wherein the patient is treated with an effective amount of a compound of formula Ia or derivative or salt thereof

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CI OH

$$R^{1}$$
 R^{6}
 R^{7}
 R^{6}
 R^{7}
 R^{6}
 R^{7}
 R^{6}
 R^{7}
 R^{6}
 R^{7}
 wherein R¹, R², R³, R⁴, R⁵, R⁶ and R⁷ are independently selected from hydrogen and aliphatic and R⁴ is a peptide optionally conjugated with an antibody.

- 5. A method according to claim 4 wherein R^1 , R^2 , R^5 and R^6 are lower aliphatic and R^3 and R^7 are hydrogen.
- 6. A method according to claim 4 wherein R^1 is ethyl, R^2 is methyl, R^3 is hydrogen, R^5 is isopropyl or iso-propenyl and R^6 is methyl and R^7 is hydrogen.
- 7. A method according to any one of claims 4 to 6 wherein the phomopsin
 20 of formula Ia comprises compounds of the stereochemistry Ib

OH

OH

OH

OR

$$R^{1}$$
 R^{2}
 R^{2}
 R^{3}
 R^{4}
 R^{7}
 R^{7}
 R^{1}
 R^{5}

O

 R^{1}
 R^{2}
 - 8 A method according to claim 7 wherein at least 60% by weight of phomopsins present are stereochemistry lb.
- 9. A method according to any one of claims 2 to 7 wherein R^4 is a di or tripeptide optionally bound to an antibody.

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10. A method according to claim 8 wherein R⁴ has the formula II with all possible stereochemical permutations

wherein the dotted lines represents an optional double bond; R⁸ and R⁹ are independently selected from hydrogen and lower alkyl; and R¹⁰ and R¹¹ are hydrogen, or together make a double bond and R¹² is selected from the group consisting of amino, mono substituted amino, disubstituted amino and an amino acid residue.

11. A method according to claim 10 wherein R¹² is of formula III

$$HO_2C$$
 R^{13}
 $COOR^{15}$
 R^{14}

- wherein R¹³ and R¹⁴ are hydrogen or together form a double bond and R¹⁵ is selected from the group consisting of hydroxy, amino, substituted amino and a monoclonal antibody.
- 12. A method according to claim 1 wherein the patient is treated with a phomopsin selected from the group consisting of phomopsin A, octahydrophomopsin A, iso-phomopsin A, phomopsinamine A, salts thereof and mixtures of two or more thereof
- 13. A method according to any one of claims 1 to 12 wherein the patient is30 suffering from liver cancer.
 - 14. A method according to any one of claims 1 to 13 wherein said phomopsin or derivative thereof is administered in a pharmaceutical composition with a pharmaceutically acceptable carrier.

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- 15. A method according to any one of claims 1 to 14 wherein the patient is also treated with one or more other anticancer drugs in combination with phomopsin.
- 16. A method according to any one of claims 1 to 15 wherein the administration of phomopsin is at a dosage to effect anticancer activity without adverse cytotoxic effects on normal cells.
- 10 17. A pharmaceutical composition for treatment of cancer comprising a compound of formula I or derivative thereof and a pharmaceutically acceptable carrier therefore

20 wherein

 R^1 , R^2 , R^3 , R^4 , R^5 , R^6 and R^7 are optional substituents

X is selected from the group consisting of aliphatic, hydrogen and halogen; and

Y is selected from the group consisting of aliphatic, hydrogen and 25 halogen.

18 A pharmaceutical composition for treatment of cancer comprising a compound of formula Ia or salt thereof

wherein R^1 , R^2 , R^3 , R^4 , R^5 , R^6 and R^7 are independently selected from hydrogen and aliphatic and R^4 is a peptide optionally conjugated with an antibody.

5 19. A pharmaceutical composition according to claim 17 wherein the phomopsin or derivative thereof is selected from the group consisting of phomopsin A, octahydrophomopsin A, isophomopsin A, phomopsinamine A, salts thereof and mixtures of two or more thereof.

INTERNATIONAL SEARCH REPORT

International application No.

PCT/AU00/01193 Α. CLASSIFICATION OF SUBJECT MATTER Int. Cl A61K 38/12, A61P 35/00 According to International Patent Classification (IPC) or to both national classification and IPC FIELDS SEARCHED Minimum documentation searched (classification system followed by classification symbols) A61K 38/12 Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched AU. IPC as above. Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) WPAT, CAPLUS, MEDLINE; keywords, phomopsin, cancer, tumor. C. DOCUMENTS CONSIDERED TO BE RELEVANT Relevant to claim No. Citation of document, with indication, where appropriate, of the relevant passages Category* VAN ASWEGEN, C. H. et al "INFLUENCE OF PHOMOPSIN AND IVALIN ON STEROID-HORMONE BINDING AND GROWTH OF MCF-7 HUMAN BREAST CANCER CELLS." Journal of Toxicology and 1-19 Environmental Health, VOL 16(1), 1985 pages 13-23. See whole document Х LI, YIN et al "INTERACTION OF PHOMOPSIN A WITH PORCINE ... BRAIN TUBULIN." Biochemical Pharmacology, Vol 43, No 2, pages 219-17-19 X 224, 1992. See whole document. See patent family annex $|\mathbf{X}|$ Further documents are listed in the continuation of Box C Special categories of cited documents later document published after the international filing date or priority date and not as conflict with the application but cited to document defining the general state of the art which is ",\" understated the principle or theory underlying the invention not considered to be of particular relevance. document of particular relevance, the claimed invention cannot "X" "E" earlier application or patent but published on or after be considered novel or cannot be considered to involve an the international filing date inventive step when the document is taken alone "L" document which may throw doubts on priority claim(s) document of particular relevance, the claimed invention cannot or which is cited to establish the publication date of be considered to involve an inventive step when the document is another citation or other special reason (as specified) combined with one or more other such documents, such "()" document referring to an oral disclosure, use, combination being obvious to a person skilled in the art exhibition or other means document member of the same patent family **н**Р" document published prior to the international filing date but later than the priority date claimed Date of mailing of the interpotion Date of the actual completion of the international search 19 October 2000 Name and mailing address of the ISA/AU Authorized officer AUSTRALIAN PATENT OFFICE

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INTERNATIONAL SEARCH REPORT

International application No.

PCT/AU00/01193

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Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	TAKAHASHI, M et al "SYNTHETIC STUDY OF USTILOXIN ANALOGS: BENZYLIC OXIDATION OF 13-MEMBERED CYCLIC PEPTIDE BY LEAD TETRAACETATE." HETEROCYCLES, Vol. 47, No 1, 1998 pages 163-166. See Whole document.	17-19
X	AU 64916/90 (643464)B (CSIRO) 23 October 1990 See Whole document.	17-19
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